Murtala Muhammed International Airport. P.M.B. 016 Ikeja, Lagos. Nigeria.

24hrs Emergency Lines:
+234(0)8077090909, 8077090908
Fax:

Aircraft Accident / Incident Report Form

Accident Investigation Bureau

Part 1

ACCIDENT DETAILS

Occurrence: .....

Date: ..... Time: .....Local/UTC
(delete as approriate)

Location: .....
.....

Lat/Long or OS Grid (if not on airfield): .....

AIB File Reference:

Please fill in this form in **CAPITAL LETTERS** and **black ink** only. We will electronically scan and store the information you provide. Use the reverse of the form as a continuation sheet if necessary. Please complete as much information as possible.

Notes:

1 AIRCRAFT

1.1 AIRCRAFT DETAILS

Registration: ..... Manufacturer: .....

Generic Name: ..... Type and Series: .....

Engine Model: ..... No of Engines: Build Year.....

C of A Category: ..... C of A Issue Date: .....

1.2 CHECKS

Total airframe hours: ..... Last check type: ..... Date: .....

1.3 MAINTENANCE DETAILS

Company: .....

Address: ..... Tel: .....

..... Fax: .....

Post Code: Email:

2 OPERATOR DETAILS

Company: .....

Address: ..... Tel: .....

..... Fax: .....

Post Code: Email:

3 COMPANY FLIGHT SAFETY OFFICER

Name: .....

Company: .....

Address: .....

..... Tel: .....

..... Fax: .....

Post Code: Email:

Tick boxes as appropriate

4 FLIGHT

6.1 FLIGHT DETAILS

Purpose of flight: ☐ Passenger ☐ Cargo ☐ Non-Revenue ☐ Training

Departure airfield: ..... Departure time: .....Local/UTC.....

Planned destination: .....

Delete local/UTC as appropriate

6.2 WEIGHTS AND LOADING DETAILS (attach Load Sheet if available)

Basic: .....(kg) C of G: .....

Max take-off weight: .....(kg) Max landing weight: .....(kg)

No of Crew: ..... Weight: .....(kg) No of Passengers: ..... Weight: .....(kg)

Fuel type: Weight: (kg) Baggage/Freight: Weight: (kg)

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5 WEATHER

	Forecast	Actual
Issue time:		
Wind direction/Speed:	.....	.....
Visibility (km):	.....	.....
Weather:	.....	.....
Cloud:	.....	.....
Temperature/dewpoint:	.....	.....
TEMPO Information:	.....	.....

Light conditions: ☐ Day ☐ Twilight ☐ Night

QNH: .....

Obtained from:

Tick appropriate boxes stating other if relevant

6 AIRFIELD DETAILS (complete only if relevant)

Airfield name: ..... Runway used: .....

ICAO Designator: ..... Runway slope:.....

Type of: ☐ Departure ☐ Approach LVPs in force: ☐ Yes ☐ No

Navigation aids used: .....

Runway surface: ☐ Grass ☐ Asphalt ☐ Concrete ☐ Other

Surface condition: ☐ Wet ☐ Damp ☐ Dry ☐ Contaminated ☐ Firm ☐ Soft

Delete as appropriate

Define 'Other' if appropriate

Enter valid until date

Enter hours in hours and minutes

7 FLIGHT CREW DETAILS

		Commander	Co-Pilot
Name(including title):		.....	.....
DOB:		.....	.....
Pilot flying:		.....PF/PNF.....	.....PF/PNF.....
LICENCE:	Type:	.....	.....
	Number:	.....	.....
	Issuing Authority:	.....	.....
	Valid until:	.....	.....
MEDICAL:	Class:	.....	.....
	Valid until:	.....	.....
	Limitations:	.....	.....
RATINGS:	Instrument Rating:	Valid until:	Valid until: .....
	Type/Ratings:	.....	.....
	Other:	.....	.....
RECENCY:	Licence Prof Check:	.....	.....
	Operator Prof Check:	.....	.....
	Anual Line Check:	.....	.....
	SEP/CRM:	.....	.....
	Company Qualifications:	.....	.....
	Hours: All types:	.....	.....
	All types PIC:	.....	.....
	On type:	.....	.....
	On type PIC:	.....	.....
	Last 90 days:	.....	.....
	Last 28 days:	.....	.....
	Last 24 hours:	.....	.....
DUTY:	Start of Duty Period (UTC):	.....	.....
	Lenght of Preceeding Rest Period:	.....	.....

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Part 1

IMPORTANT Please enter numbers of all persons on board (including those not injured)	**8 INJURIES TO PERSONNEL** TOTAL PERSONS ON BOARD: ..... None | Minor | Serious Pilot in Command: ..... Second Pilot: ..... Cabin Crew: ..... Passengers: ..... Others:
Tick damage type	**9 SURVIVABILITY** 9.1 Damage to cockpit area: ☐ Severe ☐ Moderate ☐ Minor ☐ None Details (if relevant): .... 9.2 Damage to flight deck area: ☐ Severe ☐ Moderate ☐ Minor ☐ None Details (if relevant): ....
Tick damage type and define 'Other' if appropriate	9.3 Evacuation: Exit(s) used by crew: ☐ Normal Exit ☐ Slide ☐ Other ..... Exits used by pax: ☐ Normal Exit ☐ Slide ☐ Other ..... Which emergency services attended: ☐ Police ☐ Fire ☐ Ambulance ☐ Air Ambulance Other assistance provided by: ..... 9.4 Emergency Equipment: Details of any items which failed: .... 9.5 Additional Comments: ....
List all airplane/engine damage	**10 DAMAGE TO AIRCRAFT** ....
	11 DAMAGE TO OTHER PROPERTY ....

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Part 1

Thank you for completing Part 1 of this form, a copy of which will be sent to the AIB Safety Data Department for inclusion in their database.

In Part 2, you are asked to provide a sketch of the site and a narrative description of the accident. Any accompanying photograghs and or documents will be returned, at your request, once the investigation is complete.

If you do not want a copy of Part 2 to be sent to the NCAA please tick the box below.

Do not send a copy of Part 2 of the form to the NCAA ☐

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Part 2

Show North and site elevation (amsl). If accident occurred on an airfield for which there is no published information, please provide as much detail as possible. Any photograghs of the site and / or aircraft would greatly assist the investigation.	**14 SKETCH ACCIDENT SITE**

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Part 2

15 NARRATIVE DESCRIPTION OF EVENTS

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16 YOUR ASSESSMENT OF THE CAUSE

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17 YOUR SIGNATURE

Name: ..... Signature: .....

Status: ..... Pilot in Command: ☐ Yes ☐ No

Address: .....
.....
..... Tex: .....
..... Fax: .....

Post Code: Email: